

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
59						
1						
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TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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599						
600						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
6a	1						51				
2	1						52				
3	1						53				
4	1						54				
5	1						55				
6	1						56				
7	1						57				
8	1						58				
9	1						59				
10	1						60				
11	1						61				
12	1						62				
13	1						63				
14	2						64				
15	2						65				
16	2						66				
17	2						67				
18	2						68				
19	2						69				
20	2						70				
21	2						71				
22	2						72				
23	2						73				
24	2						74				
25	2						75				
26	2						76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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33		10				
34		10				
35		10				
36		10				
37		10				
38	1					
39						
40						
41						
42		4				
43	1					
44	1					
45		2				
46		2				
47		2				
48		2				
49	1					
50		1				
TOTAL IND.	9					
TOTAL DEP.	93	✓				
TOTAL CLAIMS	102					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	12					
62	12					
63	12					
64	12					
65	12					
66	1					
67	1					
68	1					
69	1					
70	1					
71	1					
72	1					
73	1					
74	4					
75	4					
76	0					
77	2					
78	4					
79	4					
80	1					
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100	1					
TOTAL IND.	13					
TOTAL DEP.	107	✓				
TOTAL CLAIMS	120					

Total for Dependant - 1386
MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Independent - 137

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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29						
30		5				
31		5				
32						
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	39					
TOTAL CLAIMS	58					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1	1				
54		1				
55	1	1				
56	1					
57	1	1				
58	1					
59		1				
60	1	1				
61	1	1				
62	1	1				
63	1	1				
64	2	1				
65	2	1				
66	-1					
67	1					
68	1					
69	1	1				
70	1	1				
71	1	1				
72	1	1				
73	2	1				
74	2	1				
75	1	1				
76	1	1				
77	1	1				
78	1	1				
79	1	1				
80	1	1				
81	1	1				
82	1	1				
83	1	1				
84	1	1				
85	1	1				
86	1	1				
87	1	1				
88	1	1				
89	1	1				
90	1	1				
91	1					
92	1					
93	1					
94	-1					
95	1					
96	1					
97	1					
98	1					
99	1					
-100-	1					
TOTAL IND.	9					
TOTAL DEP.	35					
TOTAL CLAIMS	54					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		1				
6		1				
7						
8		1				
9						
10		1				
11						
12		1				
13						
14		1				
15						
16		1				
17						
18		1				
19		1				
20		1				
21						
22						
23						
24						
25						
26		1				
27						
28		1				
29						
30						
31						
32						
33						
34						
35						
36						
37						
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	5					
TOTAL DEP.	45					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64	1					
65						
66	10					
67	23					
68	10					
69	11					
70	11					
71	11					
72	4					
73	11					
74	4					
75	11					
76	11					
77	2					
78	1					
79	2					
80	2					
81	11					
82	1					
83	11					
84	11					
85	4					
86	4					
87	11					
88	11					
89	11					
90	11					
91	10					
92	1					
93	8					
94	8					
95	8					
96	8					
97	8					
98	8					
99	8					
100	8					
TOTAL IND.	1					
TOTAL DEP.	219					
TOTAL CLAIMS	220					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	0				
2	0	0				
3	0	0				
4	0	0				
5	0	0				
6	0	0				
7	0	0				
8	0	0				
9	0	0				
10	0	0				
11	0	0				
12	0	0				
13	0	0				
14	13	14				
15	11	11				
16	11	11				
17	11	11				
18	11	11				
19	11	11				
20	11	11				
21	11	11				
22	11	11				
23	11	11				
24	11	11				
25	11	11				
26	11	11				
27	11	11				
28	11	11				
29	11	11				
30	11	11				
31	11	11				
32	11	11				
33	11	11				
34	11	11				
35	11	11				
36	11	11				
37	4	4				
38	4	4				
39	4	4				
40	4	4				
41	4	4				
42	4	4				
43	4	4				
44	4	4				
45	4	4				
46	4	4				
47	4	4				
48	4	4				
49	4	4				
50	4	4				
TOTAL IND.						
TOTAL DEP.	397	397				
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	4	4				
52	1	1				
53	1	1				
54	1	1				
55	1	1				
56	1	1				
57	1	1				
58	1	1				
59	1	1				
60	8	8				
61	1	1				
62	8	8				
63	8	8				
64	1	1				
65	1	1				
66	1	1				
67	1	1				
68	8	8				
69	1	1				
70	1	1				
71	1	1				
72	1	1				
73	8	8				
74	Number Jumps	8				
75	8	8				
76	1	1				
77	1	1				
78	1	1				
79	1	1				
80	1	1				
81	1	1				
82	1	1				
83	1	1				
84	1	1				
85	1	1				
86	1	1				
87	1	1				
88	1	1				
89	1	1				
90	1	1				
91	1	1				
92	1	1				
93	1	1				
94	1	1				
95	1	1				
96	1	1				
97	1	1				
98	1	1				
99	1	1				
100	1	1				
TOTAL IND.						
TOTAL DEP.	379	379				
TOTAL CLAIMS						

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		11				
2		11				
3		11				
4		11				
5		11				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		23				
23	1					
24		1				
25		6				
26		23				
27		25				
28		23				
29		6				
30		23				
31		6				
32		23				
33	1					
34	1					
35	1					
36	1					
37	2					
38	2					
39	2					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	8					
TOTAL DEP.	251					
TOTAL CLAIMS	259					

500

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	2					
52	5					
53	1					
54	1					
55	1					
56	1					
57	2					
58	2					
59	2					
60	2					
61	2					
62	2					
63	2					
64	2					
65	1					
66	1					
67	2					
68	2					
69	2					
70	2					
71	2					
72	2					
73	2					
74	2					
75	2					
76	4					
77	1					
78	2					
79	2					
80	2					
81	2					
82	2					
83	2					
84	1					
85	1					
86	1					
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99	1					
100	1					
TOTAL IND.	12					
TOTAL DEP.	87					
TOTAL CLAIMS	99					

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**MULTIPLE DEPENDENT CLAIM
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	34					
TOTAL DEP.	120					
TOTAL CLAIMS	154					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	17					
TOTAL DEP.	34					
TOTAL CLAIMS	51					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS